

Fill in this information to identify the case:Debtor Constellation Healthcare Technologies Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORKCase number 18-71749
(if known)☒ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*

N/A

1b. Total personal property:Copy line 91A from *Schedule A/B*

N/A

1c. Total of all property:Copy line 92 from *Schedule A/B*

UNKNOWN

Part 2: Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

N/A

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206EF)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*

N/A

3b. Total amount of claims of nonpriority amount of unsecured claims:Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+

\$270,459,441.05

4. Total liabilities

Lines 2 + 3a + 3b

\$270,459,441.05

Fill in this information to identify the case:Debtor Constellation Healthcare Technologies Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORKCase number 18-71749
(if known)☒ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

ADDITION**3.1 Nonpriority creditor's name and mailing address**

ABRUZZI INVESTMENT LLC
 225 ELLIS ST
 STATEN ISLAND, NY 10307

Date or dates debt was incurred**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Shareholder (common stock)

Is the claim subject to offset?

- ☒ No
☐ Yes

\$0.00

ADDITION**3.2 Nonpriority creditor's name and mailing address**

ALLEGIANCE BILLING ASSOCIATES, INC.
 C/O LAMONICA HERBST & MANISCALCO, LLP
 3305 JERUSALEM AVENUE, SUITE 201
 WANTAGH, NY 11793

Date or dates debt was incurred**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Contract/Executory Contract

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,402,916.00

Debtor Constellation Healthcare Technologies Inc.
(Name)

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Part 2: Additional Page

			Amount of claim
ADDITION			
3.3	Nonpriority creditor's name and mailing address BELLISSIMO, MARK C/O LAMONICA HERBST & MANISCALCO, LLP 3305 JERUSALEM AVENUE, SUITE 201 WANTAGH, NY 11793 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract/Executory Contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,402,916.00
ADDITION			
3.4	Nonpriority creditor's name and mailing address CC CAPITAL CHT HOLDCO LLC C/O TROUTMAN SANDERS LLP ATTN: BRETT D. GOODMAN, ESQ 875 THIRD AVENUE NEW YORK, NY 10022 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,502,260.25
ADDITION			
3.5	Nonpriority creditor's name and mailing address CC CAPITAL MANAGEMENT LLC C/O TROUTMAN SANDERS LLP ATTN: BRETT D. GOODMAN, ESQ 875 THIRD AVE NEW YORK, NY 10022 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract/Executory Contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,678,305.55
ADDITION			
3.6	Nonpriority creditor's name and mailing address CHT HOLDCO LLC C/O TROUTMAN SANDERS LLP ATTN: BRETT D. GOODMAN, ESQ 875 THIRD AVENUE NEW YORK, NY 10022 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,502,260.25
ADDITION			
3.7	Nonpriority creditor's name and mailing address CONSTELLATION HEALTH GROUP LLC C/O WINDELS MARX LANE & MITTENDORF, LLP ATTN: JEFFREY C. HOFFMAN, ESQ 156 WEST 56TH ST NEW YORK, NY 10019 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Bank Debt/Credit Facility Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,000,000.00

Debtor Constellation Healthcare Technologies Inc.
(Name)

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Part 2: Additional Page

Amount of claim

ADDITION

3.8 **Nonpriority creditor's name and mailing address**
 CONSTELLATION HEALTH INVESTMENT LLC
 C/O WINDELS MARX LANE & MITTENDORF, LLP
 ATTN JEFFREY C HOFFMAN, ESQ
 156 WEST 56TH ST
 NEW YORK, NY 10019
Date or dates debt was incurred
Last 4 digits of account number:

As of the petition filing date, the claim is: \$28,550,000.00
Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed
Basis for the claim:
 Bank Debt/Credit Facility
Is the claim subject to offset?
☒ No
☐ Yes

ADDITION

3.9 **Nonpriority creditor's name and mailing address**
 ESPOSITO, JOHN
 C/O LAMONICA HERBST & MANISCALCO, LLP
 3305 JERUSALEM AVENUE, SUITE 201
 WANTAGH, NY 11793
Date or dates debt was incurred
Last 4 digits of account number:

As of the petition filing date, the claim is: \$1,402,916.00
Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed
Basis for the claim:
 Contract/Executory Contract
Is the claim subject to offset?
☒ No
☐ Yes

ADDITION

3.10 **Nonpriority creditor's name and mailing address**
 FIRST UNITED HEALTH LLC
 C/O WINDELS MARX LANE & MITTENDORF LLP
 ATTN JEFFREY C HOFFMAN, ESQ
 156 WEST 56TH ST
 NEW YORK, NY 10019
Date or dates debt was incurred
Last 4 digits of account number:

As of the petition filing date, the claim is: \$52,200,000.00
Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed
Basis for the claim:
 Bank Debt/Credit Facility
Is the claim subject to offset?
☒ No
☐ Yes

ADDITION

3.11 **Nonpriority creditor's name and mailing address**
 TO, TRUC
 C/O JENNIFER HUNTER
 2621 CHILTON PLACE
 CHARLOTTE, NC 28207
Date or dates debt was incurred
Last 4 digits of account number:

As of the petition filing date, the claim is: \$309,167.00
Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed
Basis for the claim:
 Contract/Executory Contract
Is the claim subject to offset?
☒ No
☐ Yes

ADDITION

3.12 **Nonpriority creditor's name and mailing address**
 TRUC N TO LLC
 C/O JENNIFER HUNTER
 2621 CHILTON PLACE
 CHARLOTTE, NC 28207
Date or dates debt was incurred
Last 4 digits of account number:

As of the petition filing date, the claim is: \$472,782.00
Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed
Basis for the claim:
 Contract/Executory Contract
Is the claim subject to offset?
☒ No
☐ Yes

Debtor Constellation Healthcare Technologies Inc.

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(Name)

Part 2: Additional Page

Amount of claim

ADDITION

3.13	Nonpriority creditor's name and mailing address YOUNG CONAWAY STARGATT & TAYLOR, LLP ATTN: JUSTIN P. DUDA RODNEY SQUARE, 1000 N. KING ST WILMINGTON, DE 19801 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Goods Sold/Services (Trade Claim) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,918.00
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

5a. Total claims from Part 1	5a.	NA	
5b. Total claims from Part 2	5b. +	\$270,459,441.05	
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$270,459,441.05	

Fill in this information to identify the case:Debtor Constellation Healthcare Technologies Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORKCase number 18-71749
(if known)**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1/8/2019
MM / DD / YYYY

X/s/ TIMOTHY J. DRAGELIN

Signature of individual signing on behalf of debtor

TIMOTHY J. DRAGELIN

Printed name

CHIEF RESTRUCTURING OFFICER

Position or relationship to debtor